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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/085,376
Filing Date	February 28, 2002
First Named Inventor	SHORES, Michelle <i>et al</i>
Group Art Unit	2151
Examiner Name	Not Yet Assigned
Attorney Docket Number	EMS11

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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOV 26 2003

Technology Center 2100

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The owner of the patent application has failed to pay one or more bills rendered for an unreasonable period of time.

1. ☐ The Correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

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OR					
<input checked="" type="checkbox"/> Firm or Individual Name	Michelle Shores EMSi, Inc.				
Address	167 Mangum Street, N.W.				
Address					
City	Atlanta	State	GA	ZIP	30313
Country	US				
Telephone	404-523-1887	Fax	770-239-4444		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	James E. Schutz, Reg. No. 48,658
Signature	<i>James E. Schutz</i>
Date	November 18, 2003

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NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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